

ANY CHANGES TO THE INFORMATION PROVIDED BELOW, OR ANY ADDITIONAL TANKS, MUST BE REPORTED TO THIS OFFICE. WHEN CHANGES OCCUR, PLEASE PROVIDE A LETTER, ON OFFICIAL LETTERHEAD, INDICATING SUCH, ALONG WITH THIS FORM.



STATE OF DELAWARE  
DEPARTMENT OF TRANSPORTATION  
MOTOR FUEL TAX ADMINISTRATION  
P.O. DRAWER E  
DOVER, DELAWARE 19903-1565  
(302)744-2710

OFFICE USE ONLY

EXEMPTION NUMBER:

DATE APPROVED:

EXEMPT ENTITY SPECIAL FUEL BULK TANK INFORMATION FORM

Exempt Entity Name: \_\_\_\_\_

Please provide all requested information. Failure to do so will cause delays in processing the Exemption Application. Please complete as many forms as necessary to include all bulk tanks owned/controlled by the above referenced entity.

Physical Address of Bulk Tank:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Tank Capacity:	_____ gallons		
Name of Special Fuel Supplier:	_____		
Supplier's Business Address:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Delaware License Number of Supplier:	_____		

Physical Address of Bulk Tank:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Tank Capacity:	_____ gallons		
Name of Special Fuel Supplier:	_____		
Supplier's Business Address:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Delaware License Number of Supplier:	_____		

Physical Address of Bulk Tank:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Tank Capacity:	_____ gallons		
Name of Special Fuel Supplier:	_____		
Supplier's Business Address:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Delaware License Number of Supplier:	_____		

Physical Address of Bulk Tank:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Tank Capacity:	_____ gallons		
Name of Special Fuel Supplier:	_____		
Supplier's Business Address:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Delaware License Number of Supplier:	_____		